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N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
1. County	Pima	BUREAU OF VITAL STATISTICS	State Index - - - No. 423
District	#12	ORIGINAL CERTIFICATE OF DEATH	County Registrar's - No. 640
Town or City	Tucson, Arizona	No. Southern Methodist Hospital	Local Registrar's - No. 640
2. FULL NAME Robert M. Stevenson		(If death occurred in a hospital or institution, give its NAME instead of street number) Ward	
(a) Residence. No.	Wheeling, Mo.	St.	Ward
(Usual place of abode)		(If nonresident, give city or town and State)	
Length of residence in city or town where death occurred		yrs. mos. 17	How long in U. S. if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED	
Male	White	Married	
5a. If married, widowed, or divorced			
HUSBAND of			
(or) WIFE of Mary Olive Stevenson			
6. DATE OF BIRTH (month, day and year) Feby. 22, 1871			
7. AGE	Years	Months	Days
56	4	29	IF LESS than 1 day hrs. or min.
8. OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work Farmer			
(b) General nature of industry, business or establishment in which employed (or employer)			
(c) Name of employer			
9. BIRTHPLACE (city or town) (State or country) Missouri			
10. NAME OF FATHER Thomas Stevenson			
11. BIRTHPLACE OF FATHER (city or town) (State or country) unknown			
12. MAIDEN NAME OF MOTHER unknown			
13. BIRTHPLACE OF MOTHER (city or town) (State or country) unknown			
14. Informant (Address) Robert Stevenson Jr. Wheeling, Mo.			
15. Filed 7/22, 1927 Dial Schmale Local Registrar.			
V. S. No. 1 County Registrar.			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH (month, day, and year) 7-21-1927			
17. I HEREBY CERTIFY, That I attended deceased from 7/16, 1927 to 7/21, 1927 that I last saw him alive on 7/20, 1927 and that death occurred, on the date stated above, at 5.00 a.m. The CAUSE OF DEATH* was as follows: Pulmonary tuberculosis (duration) 1 yrs. mos. ds.			
CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.			
18. Where was disease contracted if not at place of death? NO			
Did an operation precede death? NO Date of			
Was there an autopsy? NO			
What test confirmed diagnosis? Sputum			
(Signed) Chas S. Hubler, M. D. 7/21, 1927 (Address) Tucson			
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)			
19. PLACE OF BURIAL, CREMATION OR REMOVAL		DATE OF BURIAL	
Wheeling, Missouri.		7-21-1927.	
20. UNDERTAKER		ADDRESS	
Parker-Grimshaw Und. Co.		Tucson.	